

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/554945

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2				1			52						
3					1		53						
4						1	54						
5							55						
6							56						
7							57						
8					1		58						
9							59						
10						1	60						
11							61						
12							62						
13				1			63						
14					1		64						
15						1	65						
16							Cancelled						
17							66						
18							67						
19							68						
20					1		69						
21							70						
22							71						
23							72						
24							73						
25							74						
26							75						
27							76						
28							77						
29							78						
30							79						
31							80						
32							81						
33							82						
34							83						
35							84						
36							85						
37							86						
38							87						
39							88						
40							89						
41							90						
42							91						
43							92						
44							93						
45							94						
46							95						
47							96						
48							97						
49							98						
50							99						
TOTAL IND.			1				100						
TOTAL DEP.			18 <sup>3</sup>										
TOTAL CLAIMS			19										